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01-09-02

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PTO/SB/05 (4/98)

Approved for use through 09/30/2000. OMB 0651-0032  
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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**UTILITY  
PATENT APPLICATION  
TRANSMITTAL**

*(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))*

Attorney Docket No. 21220/04097 (GR201FU469)

First Inventor or Application Identifier Thomas J. Nostrand

Title TRANSIENT SUPPRESSION APPARATUS FOR POTENTIALLY  
EXPLOSIVE ENVIRONMENTS

Express Mail Label No. EL085013254US

**APPLICATION ELEMENTS**

*See MPEP chapter 600 concerning utility patent application contents.*

ADDRESS TO: Assistant Commissioner for Patents  
Box Patent Application  
Washington, DC 20231

1. ☒ \*Fee Transmittal Form (e.g., PTO/SB/17)  
(Submit an original and a duplicate for fee processing)

5. ☐ Microfiche Computer Program (Appendix)

2. ☒ Specification [Total Pages 12 ]  
(preferred arrangement set forth below)

6. Nucleotide and/or Amino Acid Sequence Submission  
(if applicable, all necessary)

- Descriptive title of the Invention
- Cross References to Related Applications
- Statement Regarding Fed sponsored R & D
- Reference to Microfiche Appendix
- Background of the Invention
- Brief Summary of the Invention
- Brief Description of the Drawings (if filed)
- Detailed Description
- Claim(s)
- Abstract of the Disclosure

a. ☐ Computer Readable Copy

b. ☐ Paper Copy (identical to computer copy)

c. ☐ Statement verifying identity of above copies

3. ☒ For./Inform Drawing(s) (35 U.S.C. 113) [Total Sheets 2 ]

4. ☐ Oath or Declaration [Total Pages 3 ]

☐ Newly executed (original or copy)

☐ Copy from a prior application (37 C.F.R. § 1.63(d))  
(for continuation/divisional with Box 16 completed)

i. ☐ **DELETION OF INVENTOR(S)**  
Signed statement attached deleting  
inventor(s) named in the prior application  
See 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).

**ACCOMPANYING APPLICATION PARTS**

7. ☒ Assignment Papers (cover sheet & document(s))

8. ☐ 37 C.F.R. §3.73 (b) Statement ☐ Power of Attorney

9. ☐ English Translation Document (if applicable)

10. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations

11. ☐ Preliminary Amendment

12. ☒ Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)

13. ☐ \*Small Entity ☐ Statement filed in prior application,  
Statement(s) Status still proper and desired  
(PTO/SB/09-12)

14. ☐ Certified Copy of Priority Document(s)  
(if foreign priority is claimed)

15. ☐ Other: \_\_\_\_\_

**\*NOTE FOR ITEMS 1 & 13: IN ORDER TO BE ENTITLED  
TO PAY SMALL ENTITY FEES, A SMALL ENTITY  
STATEMENT IS REQUIRED (37 C.F.R. §1.27), EXCEPT IF  
ONE FILED IN A PRIOR APPLICATION IS RELIED UPON  
(37 C.F.R. §1.28).**

16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No.: \_\_\_\_\_ / \_\_\_\_\_  
Prior application information: Examiner \_\_\_\_\_ Group / Art Unit: \_\_\_\_\_

**For CONTINUATION or DIVISIONAL APPS only:** The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

**17. CORRESPONDENCE ADDRESS**

☒ Customer Number or Bar Code Label

(Insert Customer No. or Attach bar code label here)

or ☐ Correspondence address below

Name WILLIAM E. ZITELLI (28,551)  
PATENT TRADEMARK OFFICE  
Address  
City State Zip Code  
Country Telephone 216-622-8229 Fax 216-241-0816

Name (Print/Type) WILLIAM E. ZITELLI Registration No. (Attorney/Agent) 28,551  
Signature William E. Zitelli Date 1/7/02

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

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**FEE TRANSMITTAL**  
**for FY 2002**

Patent fees are subject to annual revision

PATENT TRADEMARK OFFICE

Complete if Known

TOTAL AMOUNT OF PAYMENT	\$780.00	Application Number	Unknown
		Filing Date	January 7, 2002
		First Named Inventor	Thomas J. Nostrand
		Examiner Name	
		Group Art Unit	
		Attorney Docket No.	21220/04097 (GR201FU469)
		Express Mail No.	EL085013254US

METHOD OF PAYMENT		FEE CALCULATION (continued)	
<b>1.</b> <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to: Deposit Account Number: 03-0172 Deposit Account Name: Calfee, Halter & Griswold LLP <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Applicant claims small entity status See 37 CFR 1.27		<b>3. ADDITIONAL FEES</b>	
<b>2.</b> <input checked="" type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other			
<b>FEE CALCULATION</b>			
<b>1. BASIC FILING FEE</b>			
Large Entity Fee Code	Small Entity Fee Code	Fee Description	Fee Paid
101 740	201 370	Utility filing fee	\$740.00
106 330	206 165	Design filing fee	
107 510	207 255	Plant filing fee	
108 740	208 370	Reissue filing fee	
114 160	214 80	Provisional filing fee	\$
SUBTOTAL (1)			\$ 740.00
<b>2. EXTRA CLAIM FEES</b>			
Total Claims	20	Extra Claims	Fee from below
Independent Claims	2	-20 = 0	x 18.00 = 0
Multiple Dependent Claims		- 3 = 0	x 84.00 = 0
			=
Large Entity Fee Code	Small Entity Fee Code	Fee Description	Fee Paid
103 18	203 9	Claims in excess of 20	
102 84	202 42	Independent claims in excess of 3	
104 280	204 140	Multiple dependent claim, if not paid	
109 84	209 42	** Reissue independent claims over original patent	
110 18	210 9	** Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2)			\$-0-
** or number previously paid, if greater, For Reissue, see above			
		<b>Other fee (specify)</b>	
		SUBTOTAL (3) (\$40 00)	
		* Reduced by Basic Filing Fee Paid	

<b>SUBMITTED BY</b>		Complete (if applicable)	
Name (Print/Type)	William E. Zitelli	Registration No. (Attorney/Agent)	28,551
Signature	William E. Zitelli	Telephone	(216) 622-8229
		Date	1/7/02

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